"That the Bill to repeal the Prevention of Food Adulteration (Extension to Kohima and Mokokchung Districts) Act, 1972, be taken into consideration."

Sir, this is regarding the repeal of the Prevention of Food Adulteration (Extension to Kohima and Mokokchung Districts) Act, 1972. The provisions of Prevention of Food Adulteration Act, 1954, have already been extended to the whole of India. Hence, the separate Act extending the provisions to Kohima and Mokokchung Districts of Nagaland, has become redundant. The Commission on Review of Administrative Laws, under the Chairmanship of Shri P.C. Jam, had, *inter alia,* recommended repeal of the Prevention of Food Adulteration (Extention to Kohima and Mokokchung Districts) Act, 1972.

The question was proposed.

MR. CHAIRMAN: The question is:

"That the Bill to repeal the Prevention of Food Adulteration (Extension to Kohima and Mokokchung Districts) Act, 1972, be taken into consideration."

The motion was adopted.

MR. CHAIRMAN: We shall now take up clause-by-clause consideration of the Bill.

Clause 2 was added to the Bill.

Clause 1, the Enacting Formula and the Title were added to the Bill.

SHRI A. RAJA: Sir, I move:

"That the Bill be passed."

The question was put and the motion was adopted.

THE INDIAN MEDICINE CENTRAL COUNCIL (AMENDMENT) BILL, 2002

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA) : Sir, I move:

"That the Bill further to amend the Indian Medicine Central Council Act, 1970, be taken into consideration."

Sir, the Indian Systems of Medicine, ayurveda, unani, and siddha are the recognised systems of medicine in India. About 4 lakh registered practitioners are practising these systems in India. The system is simple, natural, cost-effective, and has proved to be effective for the common ailments as well as for chronic diseases and also for certain diseases which are otherwise reparatory or less amenable to other forms of treatment. Therefore, the Government is encouraging the system in this area to develop on their own genius.

One of the measures taken to encourage the education and practice of the system is the enactment of the Indian Medicine Central Council Act, 1970. Under the provisions of this Act, the Government, in 1971. constituted the Central Council of Indian Medicine, which has been reconstituted from time to time. The main objectives of this Council are: To maintain a Central Register of the practitioners of Indian medicine and to regulate the education and practice. Through the measures of registration of practitioners, the practice of Indian systems of medicine by people without any training and experience, has been greatly curtailed.

Prior to the enforcement of this Act, various State Governments were conducting different courses of varying duration and title. In order to achieve standardisation and uniformity in education, the Council has enforced various regulations. One such regulation is the Minimum Standard .of Education in Indian Medicine Regulation, 1986, which was later amended in 1989. With the increase in acceptance and popularity of this system, the demand for establishing new colleges grew, resulting in an increase in the number of doctors coming out of these colleges. Commercialisation of medical education gave an incentive to the opening up of more and more colleges by societies, trusts and similar bodies. They started colleges, after obtaining the permission of the State Government and affiliation from the universities. But the proliferation of colleges is leading to fall in standards. It was expected that the Indian Medicine Central Council Act and education regulations made by them would help achieve uniform standards of education and practice in ayurveda, unani and siddha systems of medicine.

But, due to the lacunae in the provisions, neither the Central Government nor the Central Council of Indian Medicine could enforce the provisions in letter and spirit. According to the procedure in vogue, an intending society or trust can obtain the permission of the State Government

and the consent of the affiliating university and start a college. Thereafter, they approach the Central Council of Indian Medicine for permitting them to run the course for a fixed number of seats. There is no legal provision to make it obligatory on them to obtain the prior approval of the Central Government or the Central Council of Indian Medicine. This has led to proliferation of sub-standard colleges.

The Central Council of Health and Family Welfare and the Conference of State Health Ministers on Indian System of Homoeopathy addressed this issue and recommended amendment of the Indian Medicine Central Council Act, with a view to permitting only those colleges which comply with the guidelines laid down in this regard.

Therefore, a proposal was mooted to amend the Act, on the pattern of the amendments carried out in the Indian Medical Council Act, in 1993. Similar amendments have been passed by this House in this Session, in the Homoeopathic Central Council Act, 1973, also. The provisions are: They have to seek the permission of the Central Government for the establishment of new colleges, increase in the number of seats, and for introducing new and higher courses of Indian systems of medicine, with a view to preventing the mushrooming of sub-standard institutions.

Sir, with these words, I commend the Bill to the House.

The question was proposed.

DR. M.N. DAS (Orissa): Sir, to me, it seems, the very title of this Bill is a misnomer. The world today is described as a global village, when science has no frontier. The so-called Indian Systems of Medicine, like ayurveda, unani, and other practices of treatment, like yoga and meditation, have already gone to the Western world.

When you talk of allopathy, in the 30's of the I9^{lh} century, when the British introduced the allopathic system of treatment, it practically destroyed the entire ayurvedic structure or the Indian System of Medicine. But, today, allopathic treatment has become so universal in our country that we can call it, as such, the Indian science or the Indian system of treatment; not Western. Similarly, we can call our indigenous system as the

Western system of treatment-yoga, ayurveda, etc. They may regard those types of treatments as Western.

Sir, with your kind indulgence, let me inform the House as to how the Western world used the words like therapeutics, meaning medicine, therapeutician or therapeutist, *i.e.,* a doctor. Where did these words come from? Sir, for the information of the House, through you, I would like to put it, a hundred years after Gautama Buddha's death, the first group of Buddhist monks or missionaries, settled on the Nile Valley, in Egypt, to preach the principles of mental healing or how to keep the mind in peace, through the Buddhist philosophy. The Greeks heard that some people from India had come to preach something new. So, they came and learnt that art of mental healing. Those preachers were known and they were called, in those days, as Theraputta, in Pali, and Sthaviraputra, in Sanskrit, meaning 'the learned'. Their mission was to preach to the outside world to the people of the Nile Valley, how to keep their mind in peace, so that their body could be kept healthy. But the Greeks used that te/m 'Theraputta' as 'therapeutics.' Then, 'therapeutist' became a Western term, though the term, as such, doesn't mean mental healing, but physical healing. Whatever it is; now, our purpose here is how to maintain the norms and standards of treatment? Because, the entire medical practice, through whatever system the treatment is given, in whatever science they make the treatment, has been turned into a commercial business. In such a situation, how do we maintain the standards of higher education in all systems of medicine? The Government must be alert. Sir, I have one thing to say. To get a seat in any medical college, of any subject, particularly the allopathic side, a candidate has to donate money irrespective of the candidate's own merit. Such institutions are there. You have named two States where mushrooming growth of medical institutions has taken place. Now, certain seats are reserved for meritorious students and certainly, their education is also fruitful. But non-meritorious students get seats by paying huge sums of donation. Today, would you believe, me if I say that a candidate who could not qualify himself or herself in a test examination was called upon to pay Rs.18 lakh to get a seat in a medical institution?

The second question is you are going to control some of the medical institutions of our own country. But have you already given recognition to some of the medical institutions in Russia, Kazakhstan, etc., etc.? They give education at cheaper cost and the Indian students are

going there. Have you already given recognition to those medical institutions outside India to which our meritorious students go? They get education at cheaper cost. But unless they get employment here in India, unless we give recognition to those universities, what is the meaning of controlling of standards in India, when substandard institutions take our boys and girls in the name of giving them medical education?

Sir, the Ayurvedic system and the homeopathic system, you call them the Indian system. Now, how much money the Government has allotted for the research and development? It is easy to derecognise some of the institutions which are existing today. But is it not the duty of the Government to raise the standards of research and education by some kind of allocation of money? Have you considered that aspect?

I support the Bill, but with a request to the Government that in view of the growing population and growing poverty in the country, there is a need for treatment through cheaper ventures. Unless you develop your own institutions into standard institutions, you are failing the people of the country. Everybody needs treatment. I would refer to one line by Amartya Sen which says, 'a country with a sick and unhealthy people cannot constitute a strong nation.' We are moving towards being a strong nation : But can you become a strong nation with a people who are unhealthy, sick all over the country? We cannot. So, our purpose is to think of the poor people, think of their treatment, think of the Indian system of treatment so far prevailing in the country, how to develop them, how to improve their condition and how to allocate money for raising the standards of research and higher education. If you are denying the privilege of admission to meritorious students, you are not going to help the real people of India. Thank you very much.

श्री टी. एन. चतुर्वेदी (उत्तर प्रदेश): सभापति महोदय, यह एक महत्वपूर्ण संशोधन मंत्री महोदय लाए हैं—भारतीय चिकित्सा केन्द्रीय परिषद संशोधन, 2002, मैं इसका समर्थन करने के लिए खड़ा हुआ हूँ, लेकिन कुछ ऐसे मुद्दे हैं जिनकी तरफ़ ध्यान दिलाना अत्यंत आवश्यक है।

हमारे मित्र डा. एम. एन. दास ने अपने विद्वतापूर्ण भाषण में कई प्रमुख मुद्दों का उल्लेख किया है। ....(**व्यवधान**)...

SHRI O. RAJAGOPAL: There is no English translation SHRI

T.N. CHATURVEDI : No English translation? Okay.

Sir, I rise to support this important Bill. This Bill deals with three Indian Systems of Medicine. The traditional, hereditary and I may even say that since the hoary times this is the system on which we have been depending and from which even other countries have learnt a lot. My friend, Dr. Das, has mentioned and drawn our attention to some of the important points. I want to add a little more to that.

Mr. Chairman, Sir, in the first place, I want to suggest to the hon. Minister that when we bring a regulatory legislation, we should also look at the positive aspect of it. A point well mentioned by Dr. Das was that there are two things which are necessary. The first one is: The villages and the poor people, who are deprived of other systems of medicine, somehow or the other, these three systems really serve their needs. Now, are we providing enough hospitals, scientific assistance, which will cater to the people, to these institutions? No. That is the reason why this is very important.

The other aspect is: Today, these systems are also considered as alternative systems of medicine, even abroad. For example, in the USA, many Ayurvedic preparations are being sold in the form of food -- not as medicines but as therapeutic or vitamins, etc. That is why when there is" a need and demand abroad, what are we doing to promote them? And, as Dr. Das very rightly pointed out, before we regulate, we have to look into all these things. The hon. Minister has given all the details "about how many Unani, how many Ayurveda and how many Siddha colleges are there in the country, into which I need not go. But the point is that they are not able to serve the needs of the country. They are not enough for the needs of the country. If that is so, there is no use of regulating them. Unless you have a proposal to increase the number of institutions, it is not worthwhile saying that we are going to regulate the standards of education. Now, you are just trying to administer and regulate the scarcity. And this regulation of scarcity only creates more and more problems. So, that is why, I think, you should think and come out with proposals as to what we are doing.

The second point I want to make in favour of these institutions is this. They, actually, have a holistic approach. They look at a man, as a whole, and not just refer to him as A, B, C and so on and so forth. There is a holistic approach. That is why the word *Arogya* was used. That is not just a treatment of disease. But then what are the difficulties, what are the deficiencies in a person and how can they be treated? So, this is the kind

of approach that the people need in this country. And that is why, while it is good to banning the standard but, at the same time, you should give them the necessary things. Sir, we need to pay more attention on regulating the spurious drugs. You try to regulate the standard of medicines even in Ayurveda medicine. You also check up from your own dispensaries as to what kind of Ayurvedic medicines they are dispensing. Please take this into account. The other thing I would like to urge upon you is that you please also check up not only the spurious medicines, but also adulterated medicines because cartizone is mixed with many of these ayurvedic, unani and siddha medicines in order to give immediate relief. This requires immediate attention. It has very well been pointed out that the research and development needs a lot of money. You have said that you had given details as to what kind of researches are being done. But the problem is that all these institutions are being treated as poor cousins or #ctaT CfflTR is meted out to them. You have a look at the research institutions which are claimed to be based on the so-called scientific system, and also have a look at the siddha research institutions or the unani research institutions or the ayurvedic institutions. You will realise the difference. This is the system that prevails from Kashmir to Kanyakumari. And, it is - I should say --from Assam to Kashmir.

The knowledge about these old systems of medicines is available in different books in different languages. Are you doing anything to resurrect those books and have them translated in order to stimulate further research in these systems? We read a large number of books on Indology in libraries. These old manuscripts are lying in different libraries. What is the Government doing to resurrect them, to translate them, and to compile them?

Then, Sir, I would also like to mention that the same kind of treatment is accorded to cultivation of herbs. No encouragement is being given by the Government to the cultivation of herbs. Or, if it is given, it is ritualistic. Nothing substantial is being done in this regard. I do not want to go into the details of it. It is only some individuals who are doing efforts in this regard. Under such circumstances, even if you regulate the standards of education, what will happen to the students who will come out? When I am saying, "What will happen to them", I am saying it purposely because different type of treatment is meted out to the people coming out of different institutions. Even within the MBBS, if the students

come out of the most regulated universities, like the Banaras Hindu University or any other recognised institution in Calcutta, where the standards are well-recognised, what type of treatment do you accord to them? You should treat them equally. Though -- as mentioned by Dr. Das - our people go abroad for education, but that is also substandard because when they come back they face difficulties either with the Indian Medical Council or elsewhere. Therefore, I would like to submit to the hon. Minister that I support this Bill, but other important aspects, as mentioned above, must receive attention of the Ministry, not only in a ceremonial or ritualistic sense or just to pay lip sympathy, but in a real sense. Take for example, a Minister goes to service 'A' , he says, "You constitute the salt of the Earth". When he goes to service 'B', that is, their service association, he would say, "You constitute the Earth, Who are the other services' people?" When he goes to the third one, he would say the same thing. So, there is no use of paying merely the-tip sympathy in the House, and not according equal treatment to the three systems of medicine. While I support the Bill, and I have no doubt that the whole House will support it, it is the moral duty of the...*(Interruptions)...*

श्री दीपांकर मुखर्जी (**पश्चिमी बंगाल**): इस तरह से बिठा-बिठाकर मत डांटिए।

SHRI T.N. CHATURVEDI : I am conveying the sense of the House that whatever is done in this system of medicine, should be done in a positive and constructive way.

Thank you, Sir.

श्रीमती चन्द्रकला पांडे (**पश्चिमी बंगाल**): माननीय सभापति महोदय, मै आपका आभार जताती हूँ और यह बड़ा ही अच्छा माहौल है कि उस पक्ष के और इस पक्ष के लोग प्रायः असहमत होते हैं। आज इस बिल पर बोलते हुए मैं चतुर्वेदी जी को धन्यवाद देना चाहूंगी कि उन्होंने बहुत अच्छी बातें कही और इस तरह का जो हमारा देशी मेडिसियन सिस्टम है- इंडीजनस मेडिसियन सिस्टम, अगर हम इसको डवलप नहीं करेंगे तो आज देश के जो भयंकर हालात हैं,उसी रुप में चलते रहेंगे। आज की "राष्ट्रीय सहारा" की एक रिपोर्ट को मैं उद्धृत करना चाहूंगी कि जो यहां के स्वास्थ्य संबंधी भयावह चित्र को हमारे सामने रखती है। रिपोर्ट कहती है कि स्वास्थ्य सेवाओं पर जनसंख्या का दबाव इतना अधिक है कि 8333 ग्रामीण आबादी पर औसतन महज एक डाक्टर हैं जबकि तीस हजार की आबादी पर एक प्राथमिक स्वास्थ्य केन्द्र है। देश के अनेक भागों में स्थिति यह हैं कि क्रमशः 34 हजार और 44 हजार की आबादी के लिए अस्पताल का एक बिस्तर ही उपलब्ध हो जाता है। जनसंख्या वृद्धि के साथ ही यह अनुपात और कठिन होगा। मेरे पूर्व वक्ता डा. दास ने यह बताया कि जिस देश में अस्वस्थ लोग हैं वह

देश कभी भी उन्नति नहीं कर सकता, सफल नहीं हो सकता। सबसे पहले मैं इस बिल का समर्थन करना चाहूंगी जिन्होंने यह पहल की है। लेकिन इस दिशा में मैं कुछ तथ्य रखना चाहूंगी भारतीय चिकित्सा केन्द्रीय परिषद अधिनियम के बारे में। यह अधिनियम 1970 को भारतीय चिकित्सा केन्द्रीय परिषद का गठन करने के लिए बनाया गया था। लक्ष्य यह था कि आयुर्वेद और यूनानी व्यवसाइयों का एक केन्द्रीय रजिस्टर रखा जा सके और भारतीय चिकित्सा प्रणाली की शिक्षा और व्यवसाय को नियमपूर्वक लागू किया जा सके। माननीय सभापति महोदय, मैं इस अधिनियम की तारीफ़ करुंगी जो अपने देश में अपनी पारम्परिक चिकित्सा प्रणाली के प्रचार और परिवर्धन तथा नियमन कराने का इच्छुक है। पर मैं यह भी कहना चाहूंगी कि हमारे देश में कानून बनने के पहले कानून की आंखों में धूल झोंकने तथा मनमानी करने के कानून खुद-ब-खुद बन जाते हैं। मंत्री जी, प्रस्तुत संशोधन विधेयक के उद्देश्यों और कारणों का कथन स्पष्ट करते हुए कहते हैं कि सन् 1970 के अधिनियम के उपबंधों को लागू करने में हुए अनुभवों से कतिपय सुस्पष्ट कमियां सामने आई हैं जिनके कारण केन्द्रीय परिषद अधिनियम के उपबंधों को अक्षरशः भावात्मक रुप से लागू करने में असमर्थ रही हैं। सभापति महोदय, इंडियन मेडिकल सेंटर कौंसिल की अवधारणा दो प्रयोजनों को दृष्टि में रखते हुए की गई थी और उसे अमलीजामा पहनाया गया था। पहला प्रयोजन था मेडिकल एजूकेशन को विनियमित करना, दूसरा प्रयोजन था मेडिकल प्रोफ़ेशन को अर्थात इस पेशे के नैतिक मानकों को भी नियमित करना। मुझे यह कहते हुए खेद हो रहा है इसी सदन में उसके विस्तार में नहीं जाना चाहती। परन्तु इतना जरुर कहना चाहूंगी कि यदि एम.सी.आई. की कार्यविधि, उसके ओमिशन और कमीशन के संदर्भ में परखी जाए तो उसकी असफ़लता का कच्चा चिट्ठा खुद-ब-खुद खुल जाता है। सुधारों की आपाधापी जब से शुरु हुई है और शिक्षा में निजी क्षेत्र की घुसपैठ आरम्भ हो गई है, अनेक निजी खिलाडी मैदान में उतर आए हैं तब से हर प्रदेश में मेडिकल कॉलेज मशरुम की तरह उग रहे हैं। पता नहीं कैसे यह बुनियादी सार्टिफ़िकेट का जुगाड़ कर लेते हैं, नो आब्जेक्शन सार्टिफ़िकेट भी मिल जाता है और इसके पीछे जो लोग हैं वह जुगाड भिड़ाने में इतने सिद्धहस्त होते हैं कि यदि स्टेट गवर्नमेंट से या सेंट्रल गवर्नमेंट से नहीं मिला तो कहीं और से अपना एफ़िलिएशन, रिकॉगनिशन पा लेते हैं। यहीं मैं प्राईवेट यूनिवर्सिटी का थोड़ा सा जिक्र करना चाहूंगी। पूरे देश में 117 से अधिक प्राईवेट यूनिवर्सिटी हैं। जब तक छात्र पढ़ते हैं तब तक यह यूनिवर्सिटी बंद करदी जाती है। केवल दिल्ली में ही यू.जी.सी. की नाक के नीचे ऎसे चार विश्व विद्यालयों के चलने की खबर अखबारों में थी। क्यों नहीं यू.जी.सी. ऎसे सारे विश्वविद्यालयों को ब्लेक लिस्टड करके उन्हें बंद करा देती है और छात्रों के लिए कोई और व्यवस्था करती है?

MR. CHAIRMAN: Mrs. Pandey. it is now one o'clock. Would you like to ....

SHRIMATI CHANDRA KALA PANDEY: Sir, I will conclude within two minutes.

MR. CHAIRMAN: No; no; the question is, there are three more speakers on this Bill.

SHRI O. RAJAGOPAL: Sir, since there are only three speakers ...

MR. CHAIRMAN: So, hon. Members, would you like to sit through lunch hour?

SOME HON. MEMBERS: No; no.

SHRI O. RAJAGOPAL: Sir, if the House agrees ...

MR. CHAIRMAN: No; the Members are saying 'No'.

AN HON. MEMBER: Sir, they can finish it within ten-twenty minutes.

SHRIMATI CHANDRA KALA PANDEY: Sir, I will finish it within two - minutes.

MR. CHAIRMAN: No; I think I have to adjourn the House for lunch. The House is adjourned for lunch.

The House then adjourned for lunch at one of the clock.

The House reassembled after lunch at thirty-two minutes past two of the clock,

[THE VICE-CHAIRMAN (SHRI P. PRABHAKAR REDDY) IN THE CHAIR].

PRIVATE MEMBERS' RESOLUTION

Crash in the prices of agricultural commodities and need for necessary steps to improve the conditions of farming community in the country

THE VICE-CHAIRMAN: Shri C. Ramachandraiah to move his Resolution.

SHRI C. RAMACHANDRAIAH (ANDHRA PRADESH): Sir, I move the following Resolution:-